

Name
in
Full

Austin Malcolm Beauchamp Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rehoboth</i> ^{Town}		<i>Somerset</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i> ^{Month}	<i>August</i> ^{Day}	<i>30</i> ^{Years}	Age <i>23</i>	Months <i>6</i>	Days <i>2</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Princess Anne</i>			
Married, Single or Widowed <i>Single</i>	Occupation <i>Farmer</i>				
Name of Wife or Husband <i>— —</i>					
Father's Name <i>S. J. Beauchamp Jr.</i>			Father's Birthplace <i>Somerset</i>		
Mother's Maiden Name <i>Ella M. Adams</i>			Mother's Birthplace <i>Somerset</i>		
Name of person giving information <i>S. J. Beauchamp Jr.</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Peritonitis</i>	How long <i>Two days</i>
Immediate <i>Peritonitis</i>	How long <i>Two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. A. Adams</i>
Address <i>Docmors City Md</i>	
Accident or Suicide? <i>—</i>	



Robert Brent

Town

County

Died at

Crisfield

Somerset

MARYLAND

Date 1903 8 18 | Age 1 11 15 | Native of Ind | Occupation —
 Male m | ~~White~~ | Married | ~~Widow~~ | Divorced
 Female | Colored | Single | Widower | Number of children living

Husband of

Wife

Father's

Name

Cause of

Death

Primary

Immediate

Mother's

Name

How long sick

Accident, Suicide, Homicide

Reported by

Address

C. C. Ward

Crisfield

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Robt. Lee Cartwright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Crisfield		County Somerset		MARYLAND	
Date of death 1903		Month Aug.		Day 22		Age Years 10	
Sex male		Color or Race white		Birth- place Crisfield			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name Edward Cartwright				Father's Birthplace Md.			
Mother's Maiden Name Mary Riggins				Mother's Birthplace Va			
Name of person giving In formation Edward Cartwright				How related to deceased Father			

CAUSES OF DEATH,

151

PHYSICIAN
OR CORONER

Primary		Eigh month-Aspiration		How long	
Immediate		Impaired Nutrition		How long	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician C. E. Ward	
				Address Crisfield	
Accident or Suicide?		no			

162

Name in Full

Certificate of Death

Virginia Childs

Town

County

Died at

MARYLAND

Date

1913

Month

Day

Y.

M.

D.

Native of

Occupation

Date

8-22

Age

3-4

Penn

—

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

His latente 106

How long sick

1 week

Death

Immediate

Amoebic dysentery
ethyruca

Accident, Suicide, Homicide

Reported by

M. St. Gaudesborough

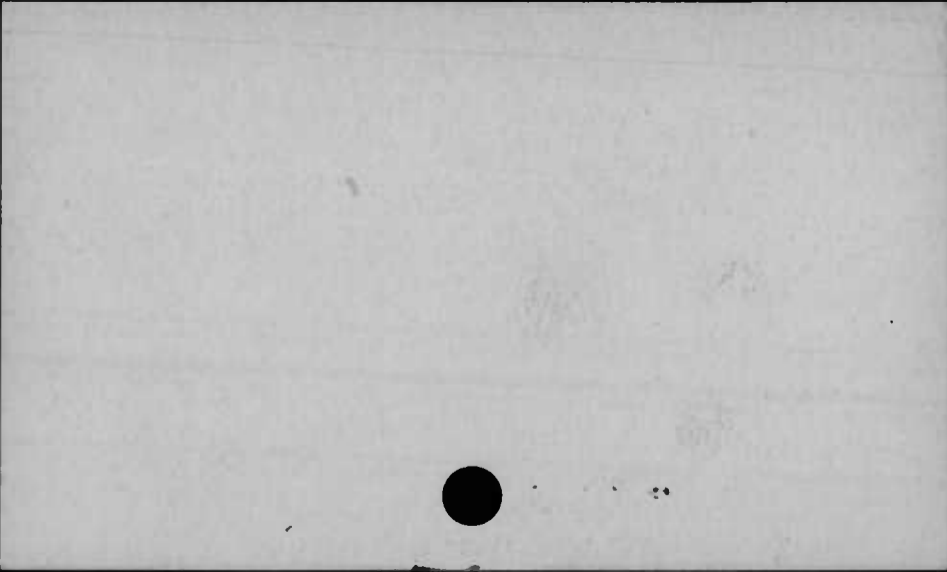
Address

M. St. Gaudes

Princess Anne Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Marta Ann Corbin
Town New Washington County Tennessee.

MARYLAND

Date

of death 1903

Month

Aug

Day

7

Age

Years

Months

7

Days

5-

Sex

Female

Color or
Race

Black

Birth-
place

md

Married, single
or widowed

Occupation

Name of Wife or
HusbandFather's
Name

L. J. Corbin

Father's
Birthplace

md.

Mother's
Maiden Name

Jimmie Lehighfield

Mother's
Birthplace

-md.

Name of person giving
information

L. J. Corbin

How related
to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Haul - 1900

How long

Immediate

Asphyxia

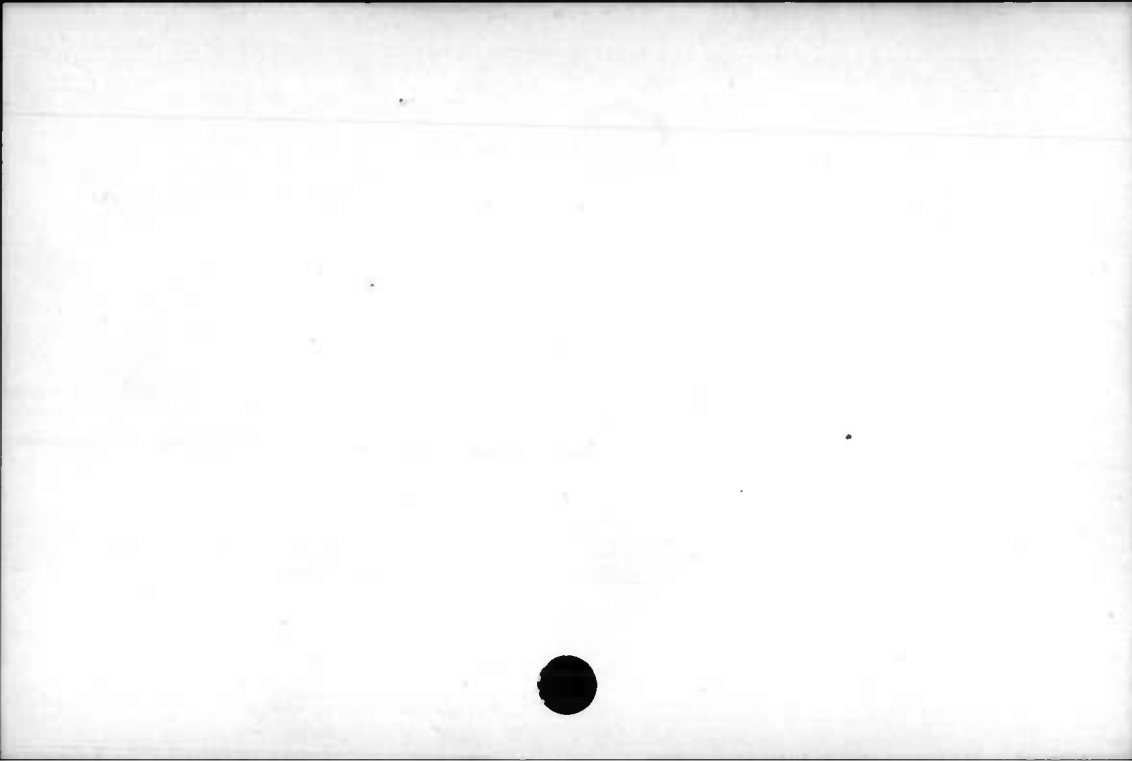
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

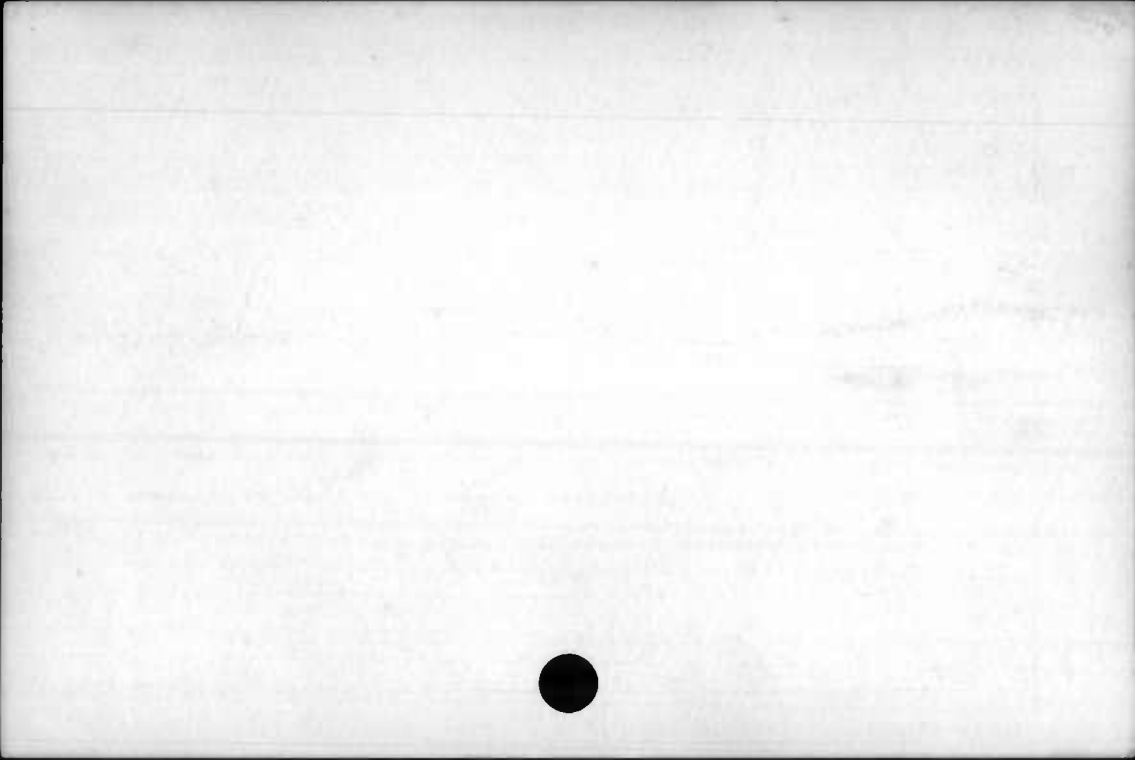
Address

J. F. Smith
(not in attendance)
P. Anne

Accident or Suicide?



Name in Full		Caleb Dashiell				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} Dublin Dist		County Somerset		MARYLAND	
		Date of death 1903 Aug 11		Age 67		Months Days	
		Sex Male		Color or Race Colored		Birth-place Somerset Co	
		Married, Single or Widowed Married		Occupation Laborer			
		Name of Wife or Husband Caroline Bryden					
		Father's Name Not Known		Father's Birthplace Somerset Co			
		Mother's Maiden Name Sarah		Mother's Birthplace " "			
Name of person giving information Columbus Hargis		How related to deceased Neighbor					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary Phthisis Pulmonalis		How long 2 years			
		Immediate Malarial Fever + Indigestion		How long 3 weeks			
		Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Samuel S. Lucien			
				Address Portmooke City Md			
Accident or Suicide?							



Miss Isabella Ashfield

Town

County

MARYLAND

Died at

Prince Anne

Somerset

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1908

8

6

Age

84-11-

me

Spurrier

~~Male~~

White

~~Married~~~~Widow~~~~Single~~

Female

~~Colored~~

Anglo

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Rott. K. W. Ashfield

Mother's

Maiden Name

Eleanor Leatherbury

Cause of

Primary

Valvular Disease of Heart

How long sick

Death

Immediate

Disease of Heart

79

~~Accident, Suicide, Homicide~~

Reported by

Chas. W. Tompkins

Address

Prince Anne

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Adeline Gibbons

Died at Princess Anne Somerset County MARYLAND

Date 1903 8-7 Month 8 Day 7 Y. Y. M. M. D. D. Native of Somerset Occupation Housewife

Age 52

Male White Married Widow Divorced

Female Colored Single Widower Number of children living 8

Husband of Elegah Gibbons

Wife Elegah Gibbons

Father's Name Pemey Dryden Mother's Name

Cause of Death { Primary Pneumonia 93

Death { Immediate Apoplexy

How long sick 2 weeks

Accident, Suicide, Homicide

Reported by M. H. Leadbourn

Address Princess Anne Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full


CERTIFICATE OF DEATH

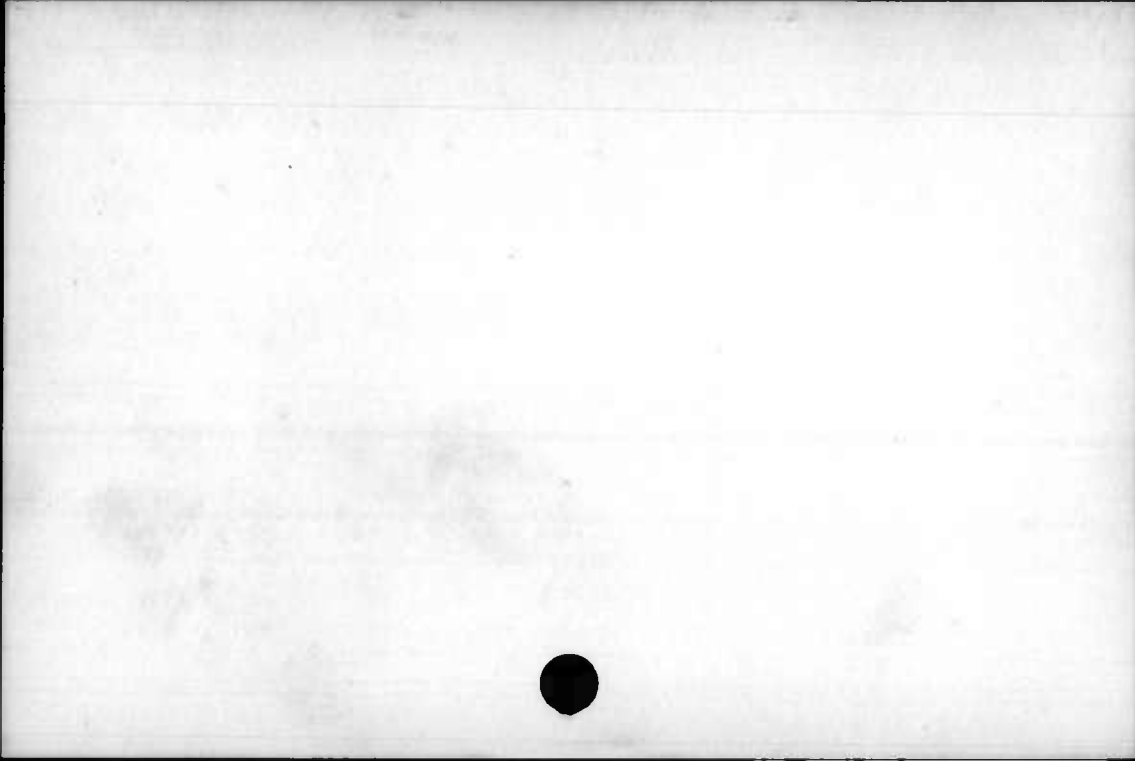
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Somerset</i> ^{Town} <i>Co</i> ^{County} <i>Somerset</i>		MARYLAND	
Date of death 1903	Month <i>Aug</i>	Day <i>22</i>	Age <i>42</i>
Sex <i>Male</i>	Color or Race <i>Coleman</i>	Birth-place <i>Somerset Co</i>	
Married, Single or Widowed		Occupation <i>None</i>	
Name of Wife or Husband <i>Sarah Broken</i>			
Father's Name <i>James Broken</i>		Father's Birthplace <i>Somerset Co</i>	
Mother's Maiden Name <i>Sarah Miles</i>		Mother's Birthplace <i>Somerset Co</i>	
Name of person giving information <i>James Broken</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Hemorrhage</i>	How long <i>2 weeks</i>
Immediate <i>Acute Hemorrhage</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>None</i>
	Address 
Accident or Suicide?	



Name
in
Full

Alfred Jones

CERTIFICATE OF DEATH

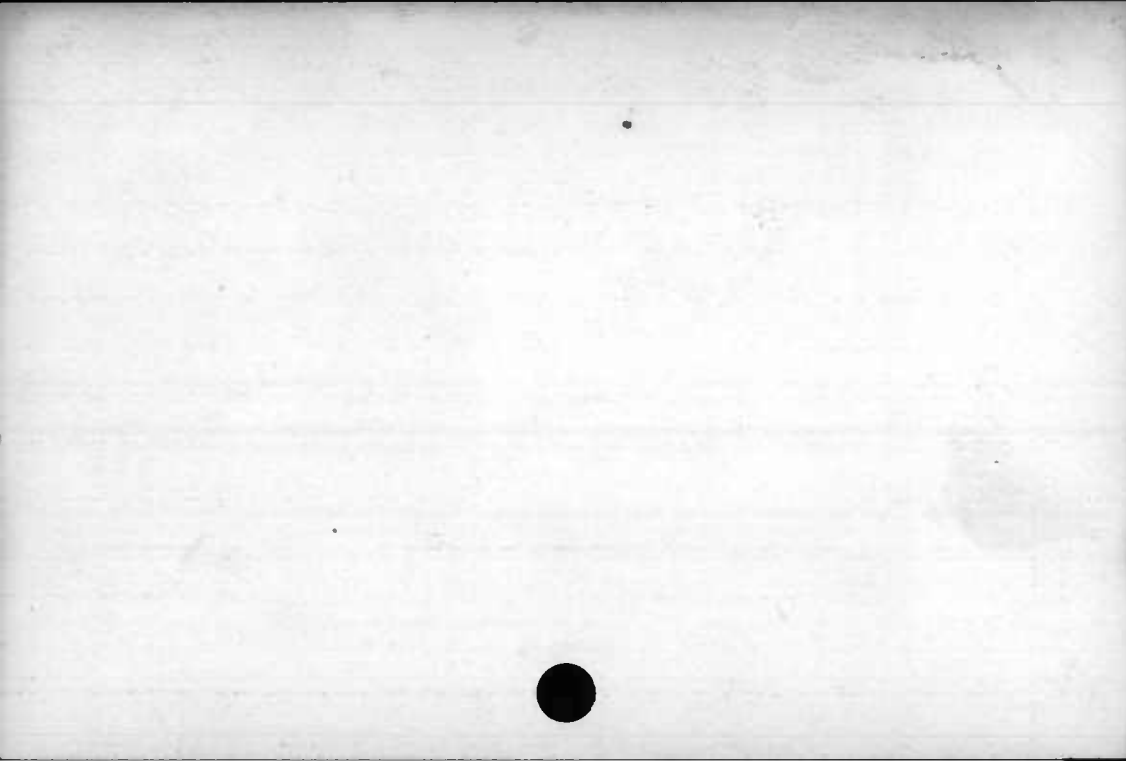
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Danvers</i> ^{Town}		<i>Somerset</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Aug.</i>	Day <i>38th</i>	Age <i>60</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth- place <i>Somerset Co.</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Oyster man</i>			
Name of Wife or Husband <i>Martha Roberts</i>					
Fether's Name —		Father's Birthplace —			
Mother's Maiden Name —		Mother's Birthplace —			
Name of person giving In formation <i>Edwin Jones</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's disease</i>	How long <i>6 months</i>
Immediate <i>Uremia</i>	How long —
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. J. Window</i>
	Address <i>Danvers, Somerset Co.</i>
Accident or Suicide?	



Name
in
Full

Blalida Garmore

CERTIFICATE OF DEATH

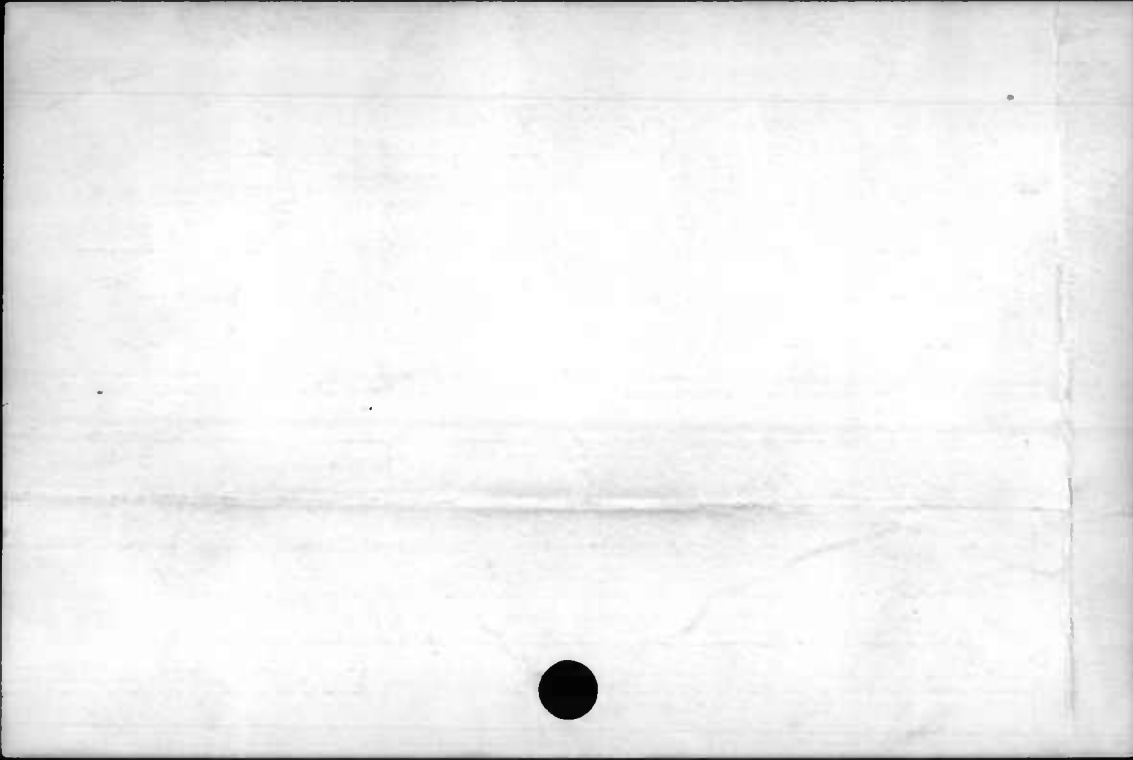
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt. Vernon</i>		Town <i>Somerset</i>		County		MARYLAND	
Date of death 190	<i>3</i>	Month <i>8</i>	Day <i>28</i>	Age <i>31</i>	Years	Months <i>4</i>	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place				
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>					
Name of Wife or Husband <i>Samuel Garmore</i>							
Father's Name <i>Thomas Williams</i>		Father's Birthplace					
Mother's Maiden Name <i>Mary Williams</i>		Mother's Birthplace					
Name of person giving information <i>Samuel Garmore</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tubercular Enteritis</i>	How long <i>7 months</i>
Immediate <i>Exhaustion</i>	How long <i>36 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. M. Wilson, M.D.</i>
	Address <i>Route #2 Princess Anne</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Died at *Hamernon* Town *Somerset* County *MARYLAND*

Date 189 *1903* Month *8* Day *7* Y. *4* M. *4* D. *4* Native of *Somerset* Occupation

Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☒
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living

Husband of

Wife

Father's Name *Santamore* Mother's Name *Deborah Williams*

Cause of Death { Primary *Consumption* How long sick *2* months
 Immediate *2* Accident, Suicide, Homicide

Reported by *Wm. Bashill & Bros*
 Address *Hamernon Somerset Co*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Gora McIntyre

Certificate of Death

Died at Mt Vernon Town Somerset Co County MARYLAND

Date 1903 8 9 Month Day Y. M. D. 1 Native of Somerset Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Rog McIntyre Mother's Name Dora Furnice

Cause of PrimaryDeath ImmediateExhaustion 151

How long sick

1 day

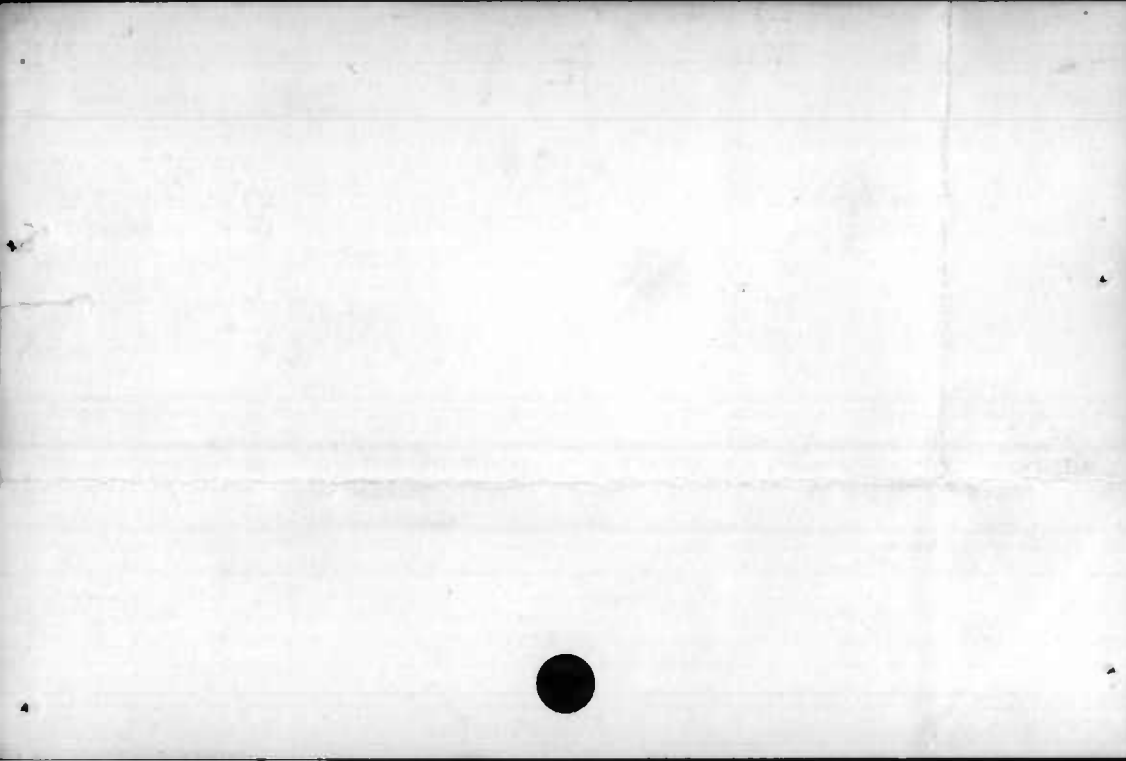
Accident, Suicide, Homicide

Reported by C. M. Dashiell & BrosAddress Mt Vernon Somerset Co

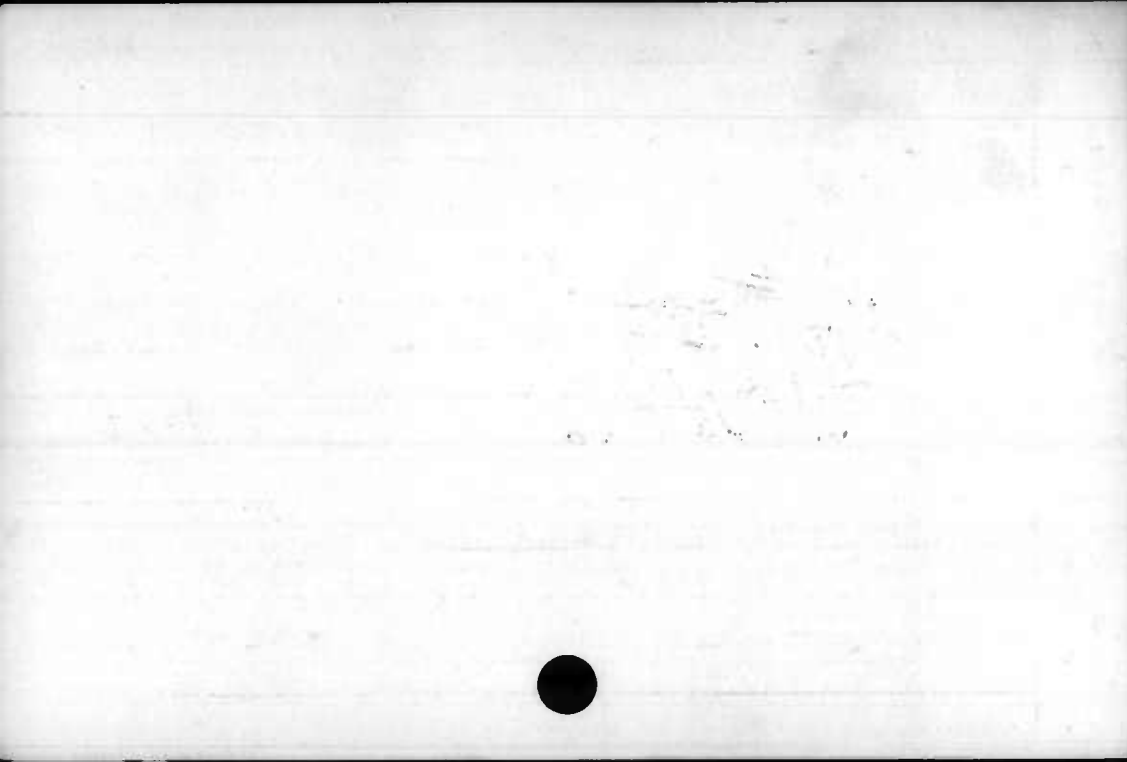
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Isaac Milbourne				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Shelton		County Anne Arundel		MARYLAND	
	Date of death 190	Month Aug	Day 23	Age 70	Years	Months	Days
	Sex	Male		Color or Race	Negro		Birth-place Shelton
	Married, Single or Widowed	Married		Occupation	Farmer		
	Name of Wife or Husband	Miriam					
	Father's Name	Sims Evans				Father's Birthplace	South
	Mother's Maiden Name	Hart Milburn				Mother's Birthplace	4 9
Name of person giving information	Burr Milburn				How related to deceased		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Old age				How long	
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	Yes				Address Shelton		
Accident or Suicide?				MIL			



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Crisfield</i> <small>Town</small>		<i>Somerset</i> <small>County</small>		MARYLAND
	Date of death 1903	<i>August</i> <small>Month</small>	<i>6</i> <small>Day</small>	<i>5</i> <small>Years</small>	<i>—</i> <small>Months</small> <i>—</i> <small>Days</small>
	Sex <i>Female</i>	Color or Race <i>White</i>	Birth- place <i>Somerset Co.</i>		
	Married, Single or Widowed <i>Widow</i>		Occupation <i>House work</i>		
	Name of Wife or Husband <i>—</i>				
	Father's Name <i>—</i>		Father's Birthplace		
	Mother's Maiden Name <i>—</i>		Mother's Birthplace		
	Name of person giving In formation <i>Elvory Morris</i>		How related to deceased <i>Son</i>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Exposure</i>		How long <i>—</i>		
	Immediate <i>Paralysis</i>		How long <i>One Week</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>C. E. Collins</i>		
			Address <i>Crisfield Md.</i>		
	Accident or Suicide? <i>—</i>				



Name
in
Full

Walter Pennock

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Havahat		County Somerset		MARYLAND	
Date of death 190		3	Month Aug	3	Day	Age 54	Years
Sex Male		Color or Race White		Birth- place Pa		Months	
Married, Single or Widowed		Married		Occupation Farmer		Days	
Name of Wife Husband		Lizzie Lewis					
Father's Name		Enoch Pennock				Father's Birthplace Pa	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving in formation		Samuel Lewis				How related to deceased Brother-in-law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic nephritis	How long	18 mos
Immediate	Preemia	How long	2 dys
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		R. E. Hayth	
Address		Orville Pa.	
Accident or Suicide?		no	



Name
in
Full

Ellen. Robinson

CERTIFICATE OF DEATH

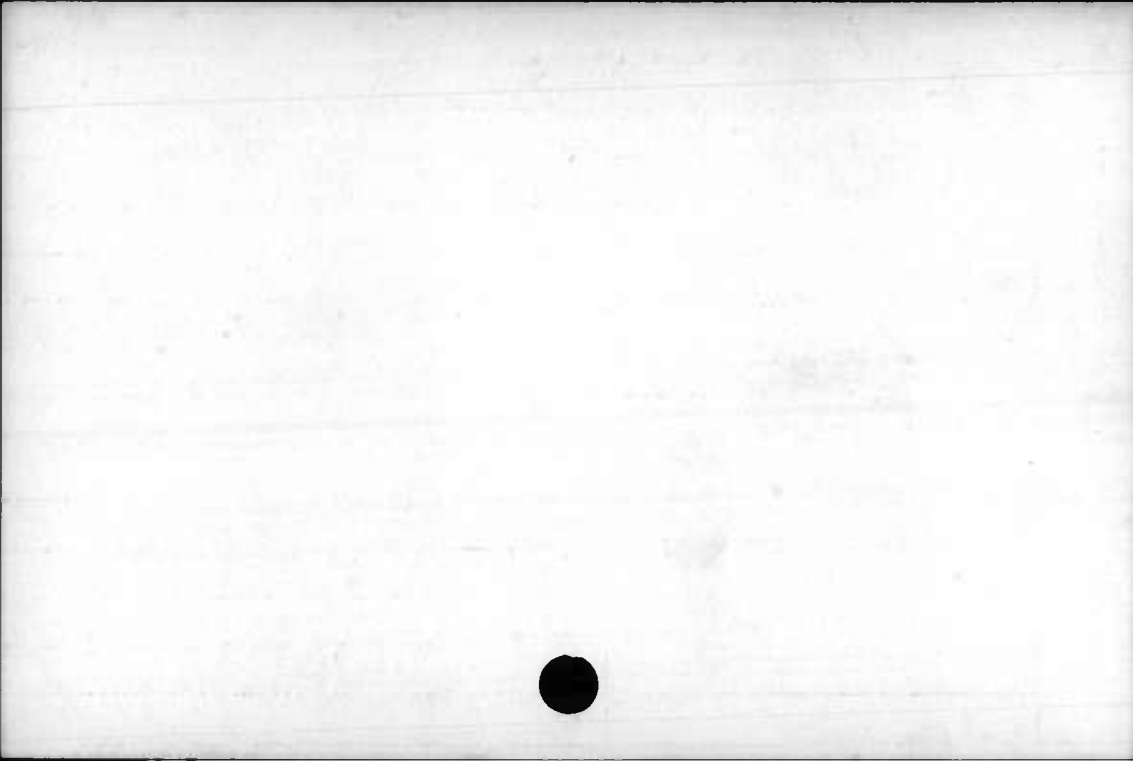
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Deals Island		County Somerset		MARYLAND	
Date of death 190		Month 3	Day August 13	Age 80		Years	Months Days
Sex Female		Color or Race Black		Birth- place Md			
Married, Single or Widowed Widowed				Occupation			
Name of Wife or Husband Levie Robinson							
Father's Name Don't know				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information Terrie Williams 50				How related to deceased Friend			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diabetes Mellitus	How long	4 mos.
Immediate	Don't know (not seen lately)	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. G. Alexander	
Address		Deals Island	
Accident or Suicide?			



Name
in
Full

Louise Smallwood

CERTIFICATE OF DEATH

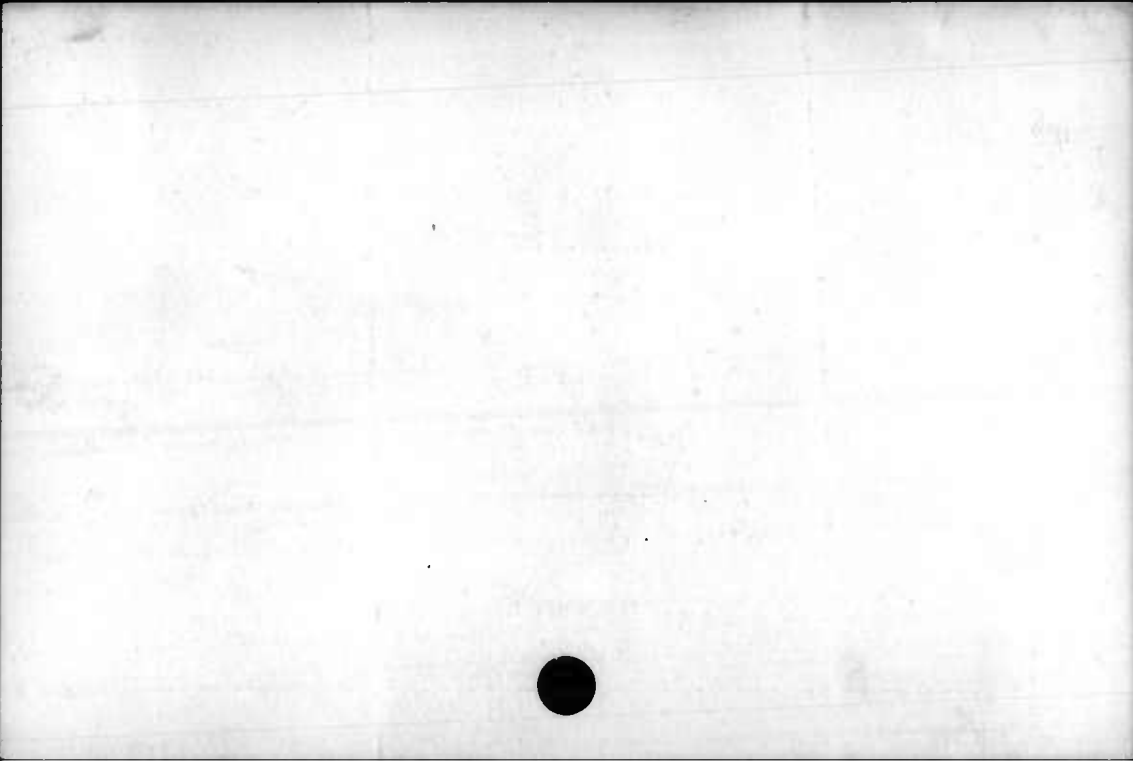
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Upper Fairmount</i> ^{County} <i>Somerset</i>		MARYLAND	
Date of death 190 <i>3</i>	^{Month} <i>Aug</i>	^{Day} <i>15</i>	^{Years} <i>2</i>
Sex <i>Female</i>		Color or Race <i>Black</i>	Birth-place <i>Baltimore</i>
Married, Single or Widowed <i>—</i>		Occupation <i>None</i>	
Name of Wife or Husband <i>—</i>			
Father's Name <i>John W. Smallwood</i>		Father's Birthplace <i>West River</i>	
Mother's Maiden Name <i>Addie Ballard</i>		Mother's Birthplace <i>Somerset Co</i>	
Name of person giving information <i>Frank Ballard</i>		How related to deceased <i>Uncle</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diphtheria</i>	How long <i>48 hours</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. G. Dickinson</i>
	Address <i>Upper Fairmount Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Thelma Stevenson

CERTIFICATE OF DEATH

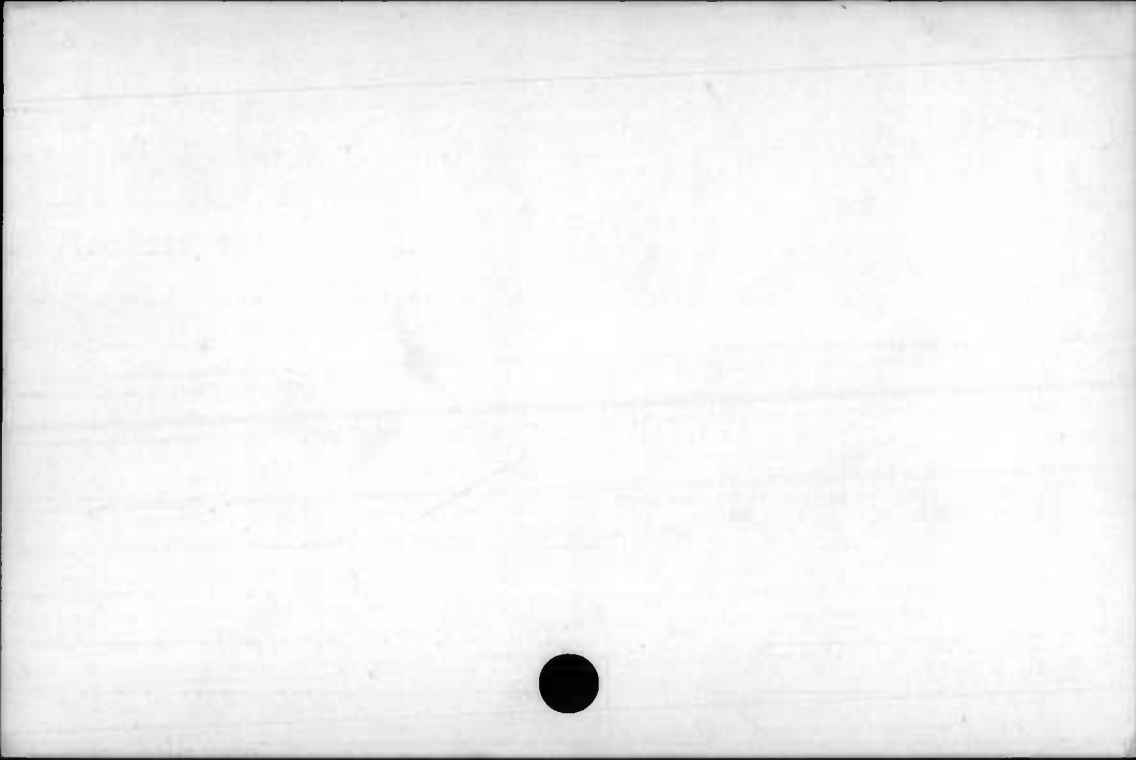
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Crisfield</i>		County <i>Somerset</i>		MARYLAND	
Date of death 1903		Month <i>Aug</i>		Day <i>5</i>		Age Years <i>3</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Crisfield</i>		Months <i>3</i>	
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name <i>Thos. E. Stevenson</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Lena Piggis</i>				Mother's Birthplace <i>"</i>			
Name of person giving In formation <i>J. E. Stevenson</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera in late summer</i>		How long <i>52 days</i>	
Immediate <i>105</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. J. Somers</i>	
		Address <i>Crisfield Md</i>	
Accident or Suicide? <i>No</i>			



Name in Full

Certificate of Death

W. Webster Taylor
 Died at *Hopewell* Town *Somerset* County *MARYLAND*

Date *1913* *8* Month *6* Day *21* Y. M. D. Age *21* Native of *va* Occupation *Farmer*
 Male ☒ White ☒ ~~Married~~ ☒ Widowed ☒ Divorced
 Female ☒ ~~Colored~~ ☒ Single ☒ Widower Number of children living *0*

Husband of
 Wife

Father's Name *John Taylor* Mother's Name *Ellen Taylor*

Cause of Death { Primary *Mercurial Pylutism* Immediate
 How long sick *2 weeks*
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William G. Walter

Died at *Deals Island* ^{Town} *Summerset* ^{County} **MARYLAND**

Date of death 190 *3 Aug* ^{Month} *23* ^{Day} Age *67* ^{Years} *—* ^{Months} *—* ^{Days}

Sex *Male* Color or Race *White* Birth-place *Ind*

Married, Single or Widowed *Single* Occupation *Saler*

Name of Wife or Husband *Sarah E. Walter*

Father's Name *James H. Walter* Father's Birthplace *Ind*

Mother's Maiden Name *Marcy Ann Walter* Mother's Birthplace *Ind*

Name of person giving information *James H. Walter* How related to deceased *Ind*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Mitral Insufficiency* ^{How long} *79 years*

Immediate *Shock* ^{How long} *Instantaneous*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. G. Alexander*

Address *Deals Island*

Accident or Suicide? *—* *Summerset Co*

74 in

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Deals Island</i> ^{Town}		<i>Somerset</i> ^{County}		MARYLAND	
Date of death 1903	<i>Aug</i> ^{Month}	<i>23</i> ^{Day}	Age <i>14</i> ^{Years}	<i>14</i> ^{Months}	<i>23</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Deals Island</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Pell Webster</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Shubert Webster</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Pell Webster</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Meningitis</i>	How long	<i>10 days</i>
Immediate	<i>Dyspnoea</i> <i>28</i>	How long	<i>28</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. G. Alexander</i>	
		Address <i>Deals Island</i>	
Accident or Suicide?		<i>Somerset Co.</i>	

344

